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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>REISSUE APPLICATION DECLARATION BY THE INVENTOR</b>		Docket Number (Optional) 58575-293637
<p>I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number <u>6,303,271</u> granted <u>October 16, 2001</u> and for which a reissue patent is sought on the invention entitled <u>Lithographic Plates</u></p>		
<p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>October 15, 2003</u> as reissue application number <u>10/686,516</u> and was amended on <u>October 15, 2003</u> (If applicable)</p>		
<p>I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input checked="" type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening: As an example of an error on which the patentee relies, Claim 1 of the issued patent is directed to a method for preparing a printing form, and recites a step of imaging a coating by "digital laser means." As is demonstrated in the Examples in the specification, the step of imaging in the invention is not limited to the use of digital laser means.</p>		

[Page 1 of 3] 3

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)</b>		<b>Docket Number (Optional)</b> 58575-293637	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number:		25764	
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City		State	Zip
Country			
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)		Peter A.R. Bennett et al.	
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
Full name of second joint inventor (given name, family name)		Carole-Anne Smith	
Inventor's signature <i>CA Smith</i>		Date 23/3/03	
Residence UK		Citizenship BRITISH	
Mailing Address 17B STATION ROAD UPHALL, WEST LOTHIAN EH2 5DY			
Full name of third joint inventor (given name, family name)		Stuart Bayes	
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 3] 3



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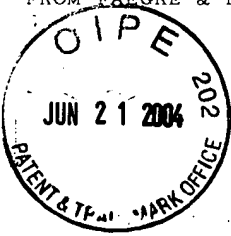
<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page <u>3</u> of <u>3</u>	

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
David S.		Riley	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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<b>REISSUE APPLICATION DECLARATION BY THE INVENTOR</b>		Docket Number (Optional) 58575-293637
<p>I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number <u>6,303,271</u>, granted <u>October 16, 2001</u> and for which a reissue patent is sought on the invention entitled <u>Lithographic Plates</u> the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>October 15, 2003</u> as reissue application number <u>10/686,516</u> and was amended on <u>October 15, 2003</u> (if applicable)</p> <p>I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input checked="" type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening: As an example of an error on which the patentee relies, Claim 1 of the issued patent is directed to a method for preparing a printing form, and recites a step of imaging a coating by "digital laser means." As is demonstrated in the Examples in the specification, the step of imaging in the invention is not limited to the use of digital laser means.</p>		

[Page 1 of 2] 3  
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**(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)**

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Correspondence Address: Direct all communications about the application to:

☒ Customer Number: 25764

OR

☐ Firm or Individual Name

Address

Address

City

Country

State

Zip

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name) Peter A.R. Bennett et al.

Inventor's signature Date

Residence Citizenship

Mailing Address

Full name of second joint inventor (given name, family name) Carole-Anne Smith

Inventor's signature Date

Residence Citizenship

Mailing Address

Full name of third joint inventor (given name, family name) Stuart Bayes

Inventor's signature Date

Residence Citizenship

Mailing Address

☒ Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.

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**DECLARATION** **ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 3 of 3

**Name of Additional Joint Inventor, if any:** ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) David S. Family Name or Surname Riley

Inventor's Signature D.S.J.

Residence: City LEEDS State W. YORKSHIRE Country ENGLAND Date 30.04.04 Citizenship British

Mailing Address 16 HAWKLEY COURT, MORLEY, LEEDS LS279TE

Mailing Address

City

State

Zip

Country

**Name of Additional Joint Inventor, if any:** ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

Zip

Country

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Family Name or Surname

Inventor's Signature

Date

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State

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Citizenship

Mailing Address

Mailing Address

City

State

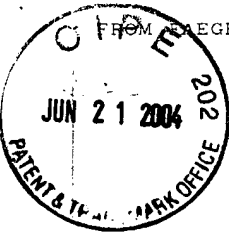
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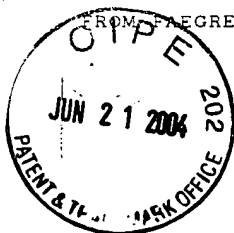
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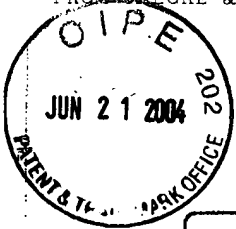
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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 58575-293637	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number:		25764	
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City		State	Zip
Country			
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)		Peter A.R. Bennett et al.	
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
Full name of second joint inventor (given name, family name)		Carole-Anne Smith	
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
Full name of third joint inventor (given name, family name)		Stuart Bayes	
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.			

(Page 2 of 2) 3



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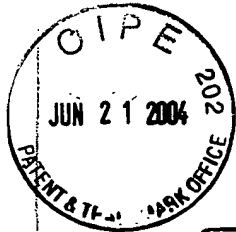
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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
David S.		Riley	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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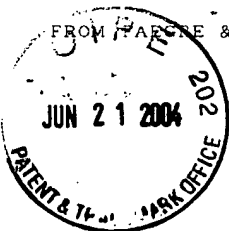
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<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		<b>Docket Number (Optional)</b> 58575-293637
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Peter A.R. Bennett et al.		
Patent Number 6,303,271	Date Patent Issued October 16, 2001 (issued)	
Title of Invention LITHOGRAPHIC PLATES		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>Kodak Polychrome Graphics LLC</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assignee) Kodak Polychrome Graphics LLC		
Signature <i>Amelia Buharin</i>	Date October 20, 2003	
Typed or printed name and title of person signing for assignee (if assigned) <i>Amelia Buharin</i> <i>Assistant Secretary</i>		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Kodak Polychrome Graphics LLCApplication No./Patent No.: 6,303,271 Filed/Issue Date: October 16, 2001 (Issued)Entitled: LITHOGRAPHIC PLATESKodak Polychrome Graphics LLC, a Limited Liability Company of the State

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)  
of Delaware

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.The extent (by percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded  
in the United States Patent and Trademark Office at Reel 010140, Frame 0584, or for which a copy thereof is  
attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown  
below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

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Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document)  
must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be  
recorded in the records of the USPTO. See: MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

October 20, 2003

Date

(203) 845-7106

Telephone number

Amelia Buharin

Typed or printed name

Amelia Buharin

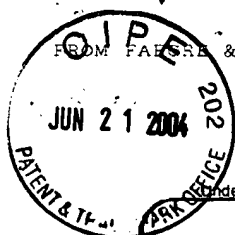
Signature

Assistant Secretary

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FROM FAEGRE &amp; BENSON

(MON) 6. 21 '04 11:31/ST. 11:24/NO. 4862059377 P 21

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Bennett et al.
Title	LITHOGRAPHIC PLATES
Art Unit	
Examiner Name	
Attorney Docket Number	58575-293837

I hereby appoint:

☒ Practitioners associated with the Customer Number:

25784

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Sean B. Mahoney

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State MN

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Fax 612.768.1600

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Amelia Buhavin, Assistant Secretary
Signature	Amelia Buhavin
Date	October 20, 2005
Telephone	(703) 816-7105

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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